| PLEASE READ / | ALL INSTRUCTIO | NS BEFORE (| COMPLETI | NG THIS FO | DRM. | |
|---|--|--|--|---------------------------------------|-----------|---|
| APPLICATION FOR | FLORIDA DEPARTMENT OF STATE Katherine Harris | | • | FILED | | |
| REINSTATEMENT | Secretary DIVISION OF COI | | | NOV 14 PM | | |
| DOCUMENT # P 9 8000 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| EPIC POWERS, INC | | | VR. | | · | |
| Principal Place of Business Malling Address | | | עוא ן | | | |
| 3741 SUNNY ISLES BLVD. SUITE 1113 SUNNY ISLES FL 33160 If above addresses are incorrect in any way, line through incorrect information and enter corre | | | RENS | TATEM | EN | I INII BISSO IIIN BISI IDDI |
| New Principal Office Address, If Applicable | | | 4. Date Incorporate To Do Busin | orated or Qualified ess in Florida | ~ S / | 144/25 |
| Suite, Apt. #, etc. | e. Apt. #, etc. Suite, Apt. #, etc. | | 5. FEI Number | | 00/ | 14/98 |
| City & State | State City & State | | | | | Applied For Not Applicat |
| Zip Country | Zip C | ountry | 6. CERTIFICATE | OF STATUS DESIRED | Ø \$8.7 | 5 Additional Fee requers a Certificate of Statu |
| 7. Names and Street Addresses of Each Officer and/o | or Director (Florida nonprofit co | orporations must list at le | ast 3 directors) | | | |
| Title(s) Name of Officers and/or Directors | and/or Directors | | et Address of Each cer and/or Director City / State | | ite / Zip | |
| PRPS Louis VER | NELL 37 | 415UNNY | ESTG2137 | | 1 NY | F360 |
| Sect JANET UE | RNEL 3 | 74150 NN | r Isles B | son So | , na | IT FSCES |
| | | | | F۷ | Α : | 14 FSCES 33160 |
| | | | ETITI | 004696 | · · · · · | |
| | | | | 11728701 *****758.75 | 01016 | 5002 |
| | | | | | | |
| 8. Name and Address of Current R | tegistered Agent | ···· | 9 Name and A | ddress of New Regi | istarad A | nent |
| LOUIS MORNAL | | Name | o. Name and A | duress of New Nagi | ISTOREG A | igent |
| NORTH MIRMI BEACH | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | | | |
| WORTH MIR | Suite, Apt. #, Etc | · · | | | | |
| FLA 33 | City | | • | State | Zip Code | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | | | | | |
| Ose () | | | | | | |

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indica on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

(305) 992-0689

SIGNATURE: